PTO/SE06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Officer, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Applicati	วใบรี่นั	245
CLAIMS AS FILED - PART I (Coturn 1) (Coturn 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	HUMBE	HUMBER FILED		R EXTRA		RATE	PEE		RATE	FEE
	C FEE FR 1.18(4)							3	OR		•
(37 0	V CUMUS SFR 1.16(d)		minus 20 =				x 1•		OR	x 1	
BIDEPERDENT CLAIMS (37 CFR 1.16(b))		s	orden 3				× 0 0		OR	x s •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))							+ 8 =		OR	+8	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
6	bilol	AIMS AS AMI P <sub>(Column 1)</sub>	ENDEO -	PART II (Column 2)		SMALL E	NTITY	OR	OTHER SMALL		
NTA		CLAIMS REMAINING AFTER AMENDMENT	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total profe Lings	. 24	Minus	- 54			X 8		OR	x 1•	
MENDMENT	bidependent (EFCFR 1,140-0	. 19	Minus	- 13			x 8=		CR	x 8=	
¥	FIRST PRESENTA	ATION OF MULTIPLE	E DEPENDEN	TOJIN DTOF	R 1.96(0)		+3		OR	+	-
Stallita							TOTAL ADD'L FEE		OR	ADO'L FEE	
	707/	(Column 1)		(Column 2)	(Cohima 3)						
N N		REMAINING AFTER AMENOMENT	,	NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADCS- TIONAL FEE		RATE	ADDI- TIONAL PEE
AMENDMENT	State Freed	62	Minus	-54	.8		X 8 •		OR	×=57)	\$2400
S	(properdent (profit Listed)	12	Minus	19	=		x 9e		OR	X 4=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (SF CFR 1.1869)						+8=		OR	+1 -	
·							ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
MC		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total papers and to	58	Minus	62	•		X 8 =		OR.	x 4e	
END	Independent prom suppl	12	Minus	12	•—		xse		OR	x s e	·
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.18(0))						+5e		OR	+ 5	
12,21.06) TOTAL ADDITEE OR ADDITEE											
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  " If the "righest Number Previously Paid For" IN THUS SPACE is less than 20, enter "20".  " If the "Righest Number Previously Paid For" IN THUS SPACE is less than 3, enter "3".											

The Yophest Number Proviously Pold For" (Total or Independent) is the highest number found in the appropriate box in column 1.
This collection of information is required by 57 CFR 1.10. The information is required to obtain or estain a borneti by the public which is to like (and by the USPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included cose, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Officer, U.S. Department of Commence, P.O. Sen 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.